

Claims

1. A method of treating, preventing, or reducing the development of an atherosclerosis-associated disease in a patient in need thereof, said method comprising administering to said patient a rifamycin in an amount effective to treat, prevent, or reduce the development of said atherosclerosis-associated disease in said patient.

2. The method of claim 1, wherein said rifamycin is administered in an amount ranging between 0.001 and 100 mg.

3. The method of claim 2, wherein said rifamycin is administered in an amount ranging between 1 and 50 mg.

4. The method of claim 1, wherein said rifamycin is administered in an amount ranging between 5 and 25 mg/week.

5. The method of claim 4, wherein said rifamycin is administered in an amount ranging between 2.5 and 25 mg/day.

6. The method of claim 1, wherein said rifamycin is administered at an initial dose of 2.5 mg to 100 mg for one to seven consecutive days, followed by a maintenance dose of 0.005 to 10 mg once every one to seven days.

7. The method of claim 1, wherein said patient is further administered a second therapeutic agent.

8. The method of claim 7, wherein second therapeutic agent is an anti-inflammatory agent, antibacterial agent, platelet aggregation inhibitor, anticoagulant, antipyretic, or lipid-lowering agent.

9. The method of claim 8, wherein said anti-inflammatory agent is ibuprofen, meloxicam, celecoxib, rofecoxib, aspirin, dexamethasone, methylprednisolone, prednisolone, or prednisone.
10. The method of claim 8, wherein said antipyretic is acetaminophen.
11. The method of claim 8, wherein said antibacterial agent is azithromycin, clarithromycin, erythromycin, gatifloxacin, levofloxacin, amoxicillin, or metronidazole.
12. The method of claim 8, wherein said lipid-lowering agent is a statin.
13. The method of claim 12, wherein said statin is atorvastatin, rosuvastatin, lovastatin, simvastatin, pravastatin, cerivastatin, or fluvastatin.
14. The method of claim 1, wherein said atherosclerosis-associated disease is coronary artery disease, myocardial infarction, angina pectoris, stroke, cerebral ischemia, intermittent claudication, gangrene, mesenteric ischemia, temporal arteritis, or renal artery stenosis.
15. The method of claim 1, wherein, prior to administration of said rifamycin, said patient is diagnosed as having said atherosclerosis-associated disease.
16. The method of claim 1, wherein said patient has not been diagnosed as having a bacterial infection.
17. A method of reducing the level of C-reactive protein in a patient identified as having increased levels of C-reactive protein, said method comprising

administering to said patient a rifamycin in an amount sufficient to reduce the level of C-reactive protein.

18. The method of claim 17, wherein said method further comprises the step of periodically monitoring the level of C-reactive protein in said patient following administration of said rifamycin.

19. The method of claim 17, wherein said patient has not been diagnosed as having a bacterial infection.

20. A method for reducing *Chlamydia pneumoniae* replication in macrophages or foam cells in a patient in need thereof, said method comprising administering a rifamycin to said patient in an amount effective to reduce *Chlamydia pneumoniae* replication in macrophages or foam cells in said patient.

21. A method for treating a persistent *Chlamydia pneumoniae* infection in macrophages or foam cells in a patient, said method comprising administering a rifamycin to said patient in an amount effective to treat said *Chlamydia pneumoniae* infection in macrophages or foam cells in said patient.